

To address the health and societal toll of warfare, public health systems must ally with civil-society organisations and faith networks under initiatives such as the WHO Health and Peace Initiative and the Inter-Agency Standing Committee's Mental Health and Psychosocial Support framework.<sup>3,4</sup> Technical measures alone cannot sustain public health under weaponised insecurity; resilient societies depend on harnessing the community assets, including faith-based actors, that safeguard both health and human dignity.

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## Universal health coverage, Knowledge Hub, and debt-to-health

Universal health coverage (UHC) aims to ensure everyone has access to the quality health care that is needed, without financial hardship. We agree with the recent Editorial for prioritisation especially with dwindling official development assistance to

low-income and middle-income countries (LMICs) for health.<sup>1</sup>

The focus of the recent Accra Health Sovereignty Agenda, the Africa Centres for Disease Control and Prevention, and other stakeholders<sup>2–4</sup> on increasing domestic resource mobilisation for sustainable health funding is highly commendable. However, LMICs face a substantial burden of external debt—US\$8.9 trillion, with interest payments of \$415.4 billion in 2024.<sup>5</sup> This level of debt constitutes major impediments to domestic financing and the design of a minimum, accessible, and effective UHC benefit package.

Debt-for-development swaps can reduce external debt and use savings to fund development, including for health. In 2024, seven countries achieved debt swap agreements, unlocking over \$12 billion to support development sectors, including the Global Fund's Debt2Health programme for €75 million in Indonesia and €29 million in Mongolia.<sup>5</sup> Potential obstacles to debt-to-health swap agreements are how to and who should broker engagements of the lending and borrowing finance ministries (or development agencies) and health ministries. In addition, these agreements must be developed together with communities and civil society, who are key for implementation.

Considering challenges in stakeholder engagement, we commend the Government of Japan for establishing the UHC Knowledge Hub<sup>6</sup> with WHO and the World Bank to engage both ministries of health and finance and other partners. The UHC Knowledge Hub is uniquely positioned to convene ministries of health and finance of lending and borrowing countries and advocate for debt-to-health swaps to unlock financing for health and leave no one behind, including neglected populations.

We declare no competing interests.

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## Universal health coverage in sub-Saharan Africa: elegant on paper

The Editorial<sup>1</sup> on universal health coverage (UHC) rightly argues that UHC is a necessary ethical commitment but is insufficient to secure resilient health systems or sustained population health. Nowhere is this truer than in than sub-Saharan Africa, where this insufficiency reflects a deeper misalignment between how UHC is financed and how health systems function in practice.

Sub-Saharan Africa bears a large share of the 4.6 billion people lacking